



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 506852		2. Exact name of the limited liability company NCSS Properties, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold, develop, improve, rent, and sell real estate			
5. Principal office address 2893 Post Road		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND HOME OF THE PRINCIPAL CONTACT PERSON:					
Contact Name Jeffrey R. Brusini			Contact Title Manager		
Street Address 2893 Post Road		City Warwick	State RI	Zip 02886	
7. NAME AND ADDRESS OF AGENT IN CHARGE OF THE COMPANY (DO NOT LIST OFFICERS)					
Manager Name Jeffrey R. Brusini			Manager Name Michael S. Carey		
Street Address 2893 Post Road		Street Address 2893 Post Road			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED
SEP 16 2013
1769

Signature of Authorized Person

Date

Jeffrey R. Brusini, Manager

Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	